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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	PU3552USW
	First Named Inventor	HARRIS, et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUBSTITUTED AZA-OXINDOLE DERIVATIVES

the specification of which (Title of the Invention)

☐ is attached hereto OR ☒ was filed on (MM/DD/YYYY) **03/03/2000** as United States Application Number or PCT International Application Number **PCT/US00/ 05583** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign	Foreign Filing Date	Priority	Certified Copy Attached? YES NO
Great Britain	9904995.9	March 4, 1999	<input checked="" type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)


☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

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Name							
PATENT TRADEMARK OFFICE							
Address							
Address							
City				State		ZIP	
Country			Telephone			Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Philip Anthony				Family Name or Surname HARRIS			
Inventor's Signature						Date	
Residence: City		Durham		State NC		Country US	
Citizenship		GB					
Mailing Address GlaxoSmithKline							
Mailing Address Five Moore Drive, PO Box 13398							
City		Research Triangle Park		State NC		ZIP 27709	
Country		US					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Lee Frederick				Family Name or Surname KUYPER			
Inventor's Signature <i>Lee Frederick Kuyper</i>						Date 7/23/01	
Residence: City		Durham		State NC		Country US	
Citizenship		US					
Mailing Address GlaxoSmithKline							
Mailing Address Five Moore Drive, PO Box 13398							
City		Research Triangle Park		State NC		ZIP 27709	
Country		US					
<input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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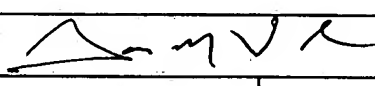
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Karen Elizabeth		LACKEY		
Inventor's Signature				Date
Residence: City	Durham	State NC	Country US	Citizenship US
Mailing Address	GlaxoSmithKline			
Mailing Address	Five Moore Drive, PO Box 13398			
City	Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
James Marvin		VEAL		
Inventor's Signature				Date 8-06-2001
Residence: City	Durham	State NC	Country US	Citizenship US
Mailing Address	GlaxoSmithKline			
Mailing Address	Five Moore Drive, PO Box 13398			
City	Research Triangle Park	State NC	ZIP 27709	Country US
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Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country

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	Examiner Name	

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			YES	NO
Great Britain	9904995.9	March 4, 1999	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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23347 PATENT TRADEMARK OFFICE					
Name					
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Address					
City		State		ZIP	
Country	Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
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Inventor's Signature 			Date 7/23/2001		
Residence: City	Durham	State	NC	Country	US
Citizenship GB					
Mailing Address GlaxoSmithKline					
Mailing Address Five Moore Drive, PO Box 13398					
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Karen Elizabeth			LACKEY		
Inventor's Signature	<i>Karen Elizabeth Lackey</i>			Date <u>7/23/2001</u>	
Residence: City	Durham	State	NC	Country	US
Mailing Address: GlaxoSmithKline					
Mailing Address: Five Moore Drive, PO Box 13398					
City	Research Triangle Park	State	NC	ZIP	27709
Country		US			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
James Marvin			VEAL		
Inventor's Signature				Date	
Residence: City	Durham	State	NC	Country	US
Mailing Address: GlaxoSmithKline					
Mailing Address: Five Moore Drive, PO Box 13398					
City	Research Triangle Park	State	NC	ZIP	27709
Country		US			
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Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		ZIP	
Country					

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